

ISSUE SLIP STAPLE AREA (for additional cross references)

09/857867

BEST AVAILABLE COPY

| POSITION | INITIALS | ID.NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | 29 | | 9-18-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 -+ Restricted O Objected

| Claim | Date |
|-------|----------|
| Final | Original |
| 1 | 1.18.01 |
| 2 | 5/5/03 |
| 3 | 11.26.03 |
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| 46 | 0 |
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| 48 | ✓ |
| 49 | ✓ |
| 50 | ✓ |

| Claim | Date |
|-------|----------|
| Final | Original |
| 51 | // |
| 52 | |
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| 56 | ✓ |
| 57 | 0 |
| 58 | ✓ |
| 59 | ✓ |
| 60 | ✓ |
| 61 | 0 |
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| Claim | Date |
|-------|----------|
| Final | Original |
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If more than 150 claims or 10 actions
staple additional sheet here